PART B - ISSUE FEE (S) TRANSMITTAL

Complete and mail thes form, together with applicable fees, to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

SEP 0 7 2005

MAILING IN TRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the detent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new coarse-including the detent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new coarse-including the detent, advance orders and notification of maintenance fees notifications

TRADE OF TOTAL PROPERTY O

REED SMITH LLP **SUITE 1400** 3110 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042

09/09/2005 MBEYENE2 00000013 10777166

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate

Certificate of Mailing

I hereby certify that this Issue Fee(s) Transmittal is being deposited with the United States
Postal Service with sufficient postage for first class mail in an envelop addressed to the Box
Issue Fee address on the date indicated below.

							(Depositor's name)			
C:1501 1400.00 DP C:1504 300.00 DP						(Signature)				
						ł	(Date)			
APPLICATION NO		9 00 0D FILING DATE			FIRST NAMED INVENTOR		ATTORNEY I	DOCKET NO.	CONFIRMATION NO.	
10/777,166		02/13	02/13/2004		Koichi Fukuda		HITA.0513		4480	
TITLE OF INVENTION: L	IQUID CR	YSTAL I	DISPLAY	DEVICE	:					
APPLN. TYPE SMALL ENTITY			ISSUE FEE P		PUBLICATIO	ON FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	nonprovisional NO		\$1400		\$300		\$1700	09/22/2005		
EXAMINER			ART UNIT	CLASS - SUBCLASS						
CHIEN, LUCY P			2871	349-11	4000					
Change of correspondence address or indication of □Fce Address* (37 CFR §1.363). Use of PTO form(s) and Customer Number are recommended, but not required. □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122)						For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registered				
attached. "Fee Address" indica	form PTO/SB/47) attached.			registered pa	orney or agent) and the names of up to 2 gistered patent attorneys or agents. If no me is listed, no name will be printed 2. <u>Stanley P. Fisher, Esq.</u> 3. <u>Juan Carlos A. Marquez, Esq.</u>					
3. ASSIGNEE NAME AN	D RESIDENCE D	ATA TO BE P	RINTED ON THI	E PATENT (p	rint or type)	L				
PLEASE NOTE: Unless or is being submitted un	s an assignee is iden ider separate cover.	ntified below, Completion of	no assignee data w of this form is NOT	vill appear on τ Γ a substitute f	the patent. Inclu for filing an assig	sion of assigner	e data is only appropriate when	n an assignment has been j	previously submitted to the USPTO	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
HITACHI DI					nt) 🗆 indiv		oa-ken, Japan	ntity 🗆 governm		
Please check the appropriate a 4a. The following fees are		dicated below	(Will not be printe	o on the pater	it) ⊔ inqiv	iduai Lai	Corporation or private group e	nuiy 🗆 governm	ent	
⊠ Issue fee						4b. Payment of Fee(s):				
☑ Publication Fee			☑ A check in the amount of the fee(s) is enclosed.							
Advance Order - # of				□ Paym	nent by credit card. For	by credit card. Form PTO-2038 is attached.				
						credi	t any overpayment, to I	nmissioner is hereby authorized by charge the required fee(s), or ny overpayment, to Deposit Account Number 08-1480 (enclose an proof this form)		
The COMMISSIONER OF P	ATENTS AND TR	ADEMARKS	is requested to any	aly the Issue F	ee and Publication		copy of this form). o the application identified abo	nve.		
(Authorized Signature)	ATENIS AND IR		se) Septemb			J. 1 CC (Ga.y) .	o the approximation recentled abo			
Stanley P. Fisher Reg. No NOTE: The Issue Fee and Juli registered patent attorney or a Trademark Office	distation Fee (iserea	man C.A.M.	arquez Reg. No.	34,072	than the applican	nt; a at and				
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEFEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231						ie				
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information displays a valid OMB control number						inless it				
				TRANS	MIT THIS FOR		(S)			
Page 2 of 3 PTOL-85 (Rev 07-01) Approved for use through 01/31/2004 OMB 0651-0033 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE										

-318370 v1-LMGREENE